

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031645

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 66

STATE FILE NUMBER

FILED AUG 31 1962

VS 300
Rev. 4/59

0542

0542

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|-----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lexington</u> | | c. CITY OR TOWN <u>Lexington</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Lexington Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>121 N 23 St</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Robert BALLARD Smith</u> | | 4. DATE OF DEATH <u>August 4 1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Caucas</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-22-1916</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>School & Church</u> | |
| 13a. FATHER'S NAME <u>May Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Stella Mundy</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>39-123-54</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing injury to chest & body in motor car collision</u> | | 17. INFORMANT <u>Mrs. Anna Mae R. Smith</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Shock & hemorrhage</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <u>None</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY <u>4:30 p.m.</u> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>His car was struck on the left side by a truck load of alfalfa at an intersection</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On road about 1 mile east of Lexington Mo</u> | |
| 21. I attended the deceased from <u>after death</u> to <u>5 P.M.</u> and last saw him alive on <u>never</u> | | 22. DATE SIGNED <u>8-4-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>August 11, 1962</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u> | | 23d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>George H. Green, Lexington, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-11-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>M. E. Eastbrook</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 31 1962

OCT 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Dulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.